

ANTELOPE VALLEY AIR QUALITY MANAGEMENT DISTRICT

43301 Division Street, Suite 206, Lancaster, CA 93539-4038

(661) 723-8070

Facsimile: (661) 723-3450

<http://www.avaqmd.ca.gov>

Charles L. Fryxell

Air Pollution Control Officer

APPLICATION FOR INTERNAL COMBUSTION ENGINE (I.C.E.) ONLY

Page 1 of 2: please type or print

PLEASE REMIT FEES IN ACCORDANCE WITH DISTRICT RULE 301

1. Permit To Be Issued To (company name to receive permit):		1a. Federal Tax ID No.:
2. Mailing/Billing Address (for above company name):		
3. Facility or Business License Name (for equipment location):		
4. Facility Address - Location of Equipment (if same as for company, enter "Same"):		
5. Contact Name/Title:	Email Address:	Phone/Fax Nos.:
6. Application is hereby made for Authority To Construct (ATC) and Permit To Operate (PTO) the following equipment:		
7. Previous Permit Holder (corporation, company or individual), if any:		Previous Permit Number (if any):
8. Application is for: <input type="checkbox"/> New Construction <input type="checkbox"/> Alteration/Modification <input type="checkbox"/> Change of Condition <input type="checkbox"/> Change of Operator		
9. Application is for: <input type="checkbox"/> Single unit or first unit of several similar units in package <input type="checkbox"/> Subsequent similar unit of package		
10. Type of Organization (check one): <input type="checkbox"/> Individual Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Utility <input type="checkbox"/> Local Agency <input type="checkbox"/> State Agency <input type="checkbox"/> Federal Agency		
11. Size of Organization: <input type="checkbox"/> Non-Small Business <input type="checkbox"/> Small Business* *not for profit, or 10 or less employees AND gross receipts of \$500,000 or less (District Rule 102)		
12. General Nature of Business:	Principal Product:	SIC Code (if known):
13. Percent Annual Throughput by Quarters: _____% _____% _____% _____% Jan-Mar Apr-Jun Jul-Sep Oct-Dec	14. Normal Operating Hours of Equipment: _____ Hrs/Day Days/Wk Wks/Yr	
14. Do you claim Confidentiality of Data (if yes, state nature of data below in Remarks)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
15. Signature of Responsible Official:		Official Title:
Typed or Printed Name of Responsible Official:	Phone Number:	Date Signed:
- For District Use Only -		
Application Number:	Invoice Number:	Fee Schedule:
Permit Number:	Company/Facility Number:	

ANTELOPE VALLEY AIR QUALITY MANAGEMENT DISTRICT

I.C.E. APPLICATION, continued

Page 2 of 2: please type or print

16. INFORMATION ON I.C.E.:			
Manufacturer: _____			
Model No.: _____		Serial No.: _____	
Number of Cylinders: _____			
Rating: _____ BHP		Speed: _____ RPM	
I.C.E. is?	<input type="checkbox"/> New	<input type="checkbox"/> Existing	Date Installed: _____
Type of Fuel(s):	Natural Gas <input type="checkbox"/>	Diesel Fuel <input type="checkbox"/>	Ethanol <input type="checkbox"/>
	Propane <input type="checkbox"/>	No. 2 Fuel Oil <input type="checkbox"/>	Methanol <input type="checkbox"/>
Other - Please specify: _____			
Fuel usage: Maximum: _____ Amount (cu. ft., gal., etc.) per hour - specify units			
Is this I.C.E. (select all that apply):			
Direct Injected?	<input type="checkbox"/>	After Cooled?	<input type="checkbox"/>
Turbo Charged?	<input type="checkbox"/>	Inter Cooled?	<input type="checkbox"/>
Ignition Retarded?	<input type="checkbox"/>	Other - Please specify: _____	
17. Manufacturer's Estimated Emission Rates:			
Pollutant	at Max.Load	Units	
Oxides of Nitrogen (NOx)	_____	_____	
Oxides of Sulfur (SOx)	_____	_____	
Carbon Monoxide (CO)	_____	_____	
Particulates (PM10)	_____	_____	
Total Hydrocarbons (VOC)	_____	_____	
18. EMISSION CONTROL EQUIPMENT: Add on emission control equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes: Manufacturer: _____			
Model No.: _____		Serial No.: _____	
Type: SCR	<input type="checkbox"/>	Catalytic Converter	<input type="checkbox"/>
Non-SCR	<input type="checkbox"/>	EGR	<input type="checkbox"/>
		Ammonia Injection	<input type="checkbox"/>
		Water Injection	<input type="checkbox"/>
Other - Please specify: _____			
19. INFORMATION OF ITEM BEING POWERED: This I.C.E. is used to power:			
Electrical Generator	<input type="checkbox"/>	Air Compressor	<input type="checkbox"/>
Paint Spray Gun	<input type="checkbox"/>	Pipeline Compressor	<input type="checkbox"/>
		Pipeline Pump	<input type="checkbox"/>
		Water Pump	<input type="checkbox"/>
Other - Please specify: _____			
The above item is used as a:			
Regular Unit	<input type="checkbox"/>	Standby Unit	<input type="checkbox"/>
		Emergency Unit	<input type="checkbox"/>
Manufacturer: _____			
Model No.: _____		Serial No.: _____	
Type: _____	Size: _____		
Rating: _____ [kw, gpm, flowrate (cfm) at pressure (psia), ton/hour, etc.]			